Introduced by Senator Yee (Coauthor: Senator Beall)

(Coauthor: Assembly Member Ammiano)

February 21, 2013

An act to *amend Section 8263 of the Education Code*, *and to* amend Sections 369, *16001.9*, and 16002.5 of the Welfare and Institutions Code, relating to juveniles.

LEGISLATIVE COUNSEL'S DIGEST

SB 528, as amended, Yee. Dependents: care and treatment: minor and nonminor dependent parents.

Under existing law, minors are authorized to consent to medical and other treatment under certain circumstances, including the diagnosis and treatment of sexual assault, medical care relating to the prevention or treatment of pregnancy, treatment of infectious, contagious, and communicable diseases, mental health treatment, and treatment for alcohol and drug abuse.

Under existing law, a child may come within the jurisdiction of the juvenile court and become a dependent child of the court under certain circumstances, including in cases of abuse and neglect. Under existing law, when a minor has been, or has a petition filed with the court to be, adjudged a dependent child of the court, the court may authorize, or order that a social worker may authorize, medical and other care for the minor, as prescribed. Under existing law, a social worker may, without court order, authorize medical and other care for a minor in emergency situations, as specified.

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This bill would specify that nothing in those provisions shall be construed to limit the rights of dependent children to consent to specified types of medical and other care, including the diagnosis and treatment of sexual assault, medical care relating to the prevention or treatment of pregnancy, treatment of infectious, contagious, and communicable diseases, mental health treatment, and treatment for alcohol and drug abuse. This bill would require a dependent child's social worker, if the child is—10 12 years of age or older, to ensure that the child is informed of his or her right as a minor to consent to and receive those health services, and provided with prescribed information regarding, among other things, reproductive health care. This bill would require social workers to ensure that all dependent children are provided with age-appropriate, medically accurate information about sexual development, reproductive health, and prevention of unplanned pregnancies and sexually transmitted diseases on an ongoing basis

Existing law declares the intent of the Legislature to maintain the continuity of the family unit and to support and preserve families headed by minor parents and nonminor dependent parents, as defined, and provides that, to the greatest extent possible, minor parents and their children living in foster care shall be provided with access to services that target supporting, maintaining, and developing the parent-child bond and the minor parent's ability to provide a permanent and safe home for the child. Under existing law, minor parents are required to be given the ability to attend school, complete homework, and participate in age and developmentally appropriate activities separate from parenting.

This bill would declare the intent of the Legislature to ensure that complete and accurate data on pregnant and parenting minor and nonminor dependents and their children is collected, and would require child welfare agencies to ensure that minor parents and nonminor dependent parents have access to social workers or resource specialists who have received specified training, and that case plans are developed and updated through a prescribed team decisionmaking process within 30 calendar days of the date the agency is informed of a pregnancy based on information collected from a specialized conference to be held by the agency, as prescribed. This bill would require child welfare agencies, local educational agencies, and child care resource and referral agencies to make reasonable and coordinated efforts to ensure that minor parents and nonminor dependent parents who have not completed high school have access to school programs that provide onsite or

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coordinated child care, and that minor parents are given priority for subsidized child care.

Existing law provides that it is the policy of the state that foster children have specified rights.

This bill would provide that foster children also have the right to receive information regarding, and to consent to and receive, specified health care services.

Existing law, the Child Care and Development Services Act, administered by the State Department of Education, requires the Superintendent of Public Instruction to administer child care and development programs that offer a full range of services for eligible children from infancy to 13 years of age. Existing law requires the Superintendent to adopt rules and regulations on eligibility, enrollment, and priority of services needed to implement the Child Care and Development Services Act, and requires families to meet at least one of the specified requirements in order to be eligible for federal and state subsidized child development services.

This bill would provide that a family may be eligible for services if one or both parents are foster youth or nonminor dependents under 21 years of age, or if the family needs child care services because the parents are foster youth or nonminor dependents.

By requiring social workers and county agencies to perform additional duties, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 8263 of the Education Code is amended 2 to read:
- 3 8263. (a) The Superintendent shall adopt rules and regulations
- 4 on eligibility, enrollment, and priority of services needed to
- 5 implement this chapter. In order to be eligible for federal and state

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subsidized child development services, families shall meet at least one requirement in each of the following areas:

- (1) A family is (A) a current aid recipient, (B) income eligible, (C) homeless, or (D) one whose children are recipients of protective services, or whose children have been identified as being abused, neglected, or exploited, or at risk of being abused, neglected, or exploited, or (E) one in which one or both parents are foster youth or nonminor dependents under 21 years of age.
- (2) A family needs the child care services (A) because the child is identified by a legal, medical, or social services agency, or emergency shelter as (i) a recipient of protective services or (ii) being neglected, abused, or exploited, or at risk of neglect, abuse, or exploitation, or (B) because the parents are (i) engaged in vocational training leading directly to a recognized trade, paraprofession, or profession, (ii) *foster youth or nonminor dependents*, (iii) employed or seeking employment, (iii) (iv) seeking permanent housing for family stability, or (v) incapacitated.
- (b) Except as provided in Article 15.5 (commencing with Section 8350), priority for federal and state subsidized child development services is as follows:
- (1) (A) First priority shall be given to neglected or abused children who are recipients of child protective services, or children who are at risk of being neglected or abused, upon written referral from a legal, medical, or social services agency. If an agency is unable to enroll a child in the first priority category, the agency shall refer the family to local resource and referral services to locate services for the child.
- (B) A family who is receiving child care on the basis of being a child at risk of abuse, neglect, or exploitation, as defined in subdivision (k) of Section 8208, is eligible to receive services pursuant to subparagraph (A) for up to three months, unless the family becomes eligible pursuant to subparagraph (C).
- (C) A family may receive child care services for up to 12 months on the basis of a certification by the county child welfare agency that child care services continue to be necessary-or,, or if the child is receiving child protective services during that period of time, and the family requires child care and remains otherwise eligible. This time limit does not apply if the family's child care referral is recertified by the county child welfare agency.

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(2) Second priority shall be given equally to eligible families, regardless of the number of parents in the home, who are income eligible. Within this priority, families with the lowest gross monthly income in relation to family size, as determined by a schedule adopted by the Superintendent, shall be admitted first. If two or more families are in the same priority in relation to income, the family that has a child with exceptional needs shall be admitted first. If there is no family of the same priority with a child with exceptional needs, the same priority family that has been on the waiting list for the longest time shall be admitted first. For purposes of determining order of admission, the grants of public assistance recipients shall be counted as income.

- (3) The Superintendent shall set criteria for and may grant specific waivers of the priorities established in this subdivision for agencies that wish to serve specific populations, including children with exceptional needs or children of prisoners. These new waivers shall not include proposals to avoid appropriate fee schedules or admit ineligible families, but may include proposals to accept members of special populations in other than strict income order, as long as if appropriate fees are paid.
- (c) Notwithstanding any other law, in order to promote continuity of services, a family enrolled in a state or federally funded child care and development program whose services would otherwise be terminated because the family no longer meets the program income, eligibility, or need criteria may continue to receive child development services in another state or federally funded child care and development program if the contractor is able to transfer the family's enrollment to another program-for which that the family is eligible for before the date of termination of services or to exchange the family's existing enrollment with the enrollment of a family in another program, provided that both families satisfy the eligibility requirements for the program in which they are being enrolled. The transfer of enrollment may be to another program within the same administrative agency or to another agency that administers state or federally funded child care and development programs.
- (d) In order to promote continuity of services, the Superintendent may extend the 60-working-day period specified in subdivision (a) of Section 18086.5 of Title 5 of the California Code of Regulations for an additional 60 working days if he or she

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1 determines that opportunities for employment have diminished to 2 the degree that one or both parents cannot reasonably be expected 3 to find employment within 60 working days and granting the 4 extension is in the public interest. The scope of extensions granted 5 pursuant to this subdivision shall be limited to the necessary 6 geographic areas and affected persons, which shall be described 7 in the Superintendent's order granting the extension. It is the intent 8 of the Legislature that extensions granted pursuant to this subdivision improve services in areas with high unemployment 10 rates and areas with disproportionately high numbers of seasonal 11 agricultural jobs.

- physical examination and evaluation, (e) A age-appropriate immunization, shall be required before, or within six weeks of, enrollment. A standard, rule, or regulation shall not require medical examination or immunization for admission to a child care and development program of a child whose parent or guardian files a letter with the governing board of the child care and development program stating that the medical examination or immunization is contrary to his or her religious beliefs, or provide for the exclusion of a child from the program because of a parent or guardian having filed the letter. However, if there is good cause to believe that a child is suffering from a recognized contagious or infectious disease, the child shall be temporarily excluded from the program until the governing board of the child care and development program is satisfied that the child is not suffering from that contagious or infectious disease.
- (f) Regulations formulated and promulgated pursuant to this section shall include the recommendations of the State Department of Health Care Services relative to health care screening and the provision of health care services. The Superintendent shall seek the advice and assistance of these health authorities in situations where when service under this chapter includes or requires care of children who are ill or children with exceptional needs.
- (g) (1) The Superintendent shall establish a fee schedule for families utilizing child care and development services pursuant to this chapter, including families receiving services under paragraph (1) of subdivision (b). Families receiving services under subparagraph (B) of paragraph (1) of subdivision (b) may be exempt from these fees for up to three months. Families receiving services under subparagraph (C) of paragraph (1) of subdivision

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(b) may be exempt from these fees for up to 12 months. The cumulative period of time of exemption from these fees for families receiving services under paragraph (1) of subdivision (b) shall not exceed 12 months.

- (2) The income of a recipient of federal supplemental security income benefits pursuant to Title XVI of the federal Social Security Act (42 U.S.C. Sec. 1381 et seq.) and state supplemental program benefits pursuant to Title XVI of the federal Social Security Act (42 U.S.C. Sec. 1381 et seq.) and Chapter 3 (commencing with Section 12000) of Part 3 of Division 9 of the Welfare and Institutions Code shall not be included as income for purposes of determining the amount of the family fee.
 - (h) (1) The family fee schedule shall

provide, among other things, that a contractor or provider may require parents to provide diapers. A contractor or provider offering field trips either may include the cost of the field trips within the service rate charged to the parent or may charge parents an additional fee. Federal or state money shall not be used to reimburse parents for the costs of field trips if those costs are charged as an additional fee. A contractor or provider that charges parents an additional fee for field trips shall inform parents, before enrolling the child, that a fee may be charged and that no reimbursement will be available.

- (2) A contractor or provider may charge parents for field trips or require parents to provide diapers only under the following circumstances:
- (A) The provider has a written policy that is adopted by the agency's governing board that includes parents in the decisionmaking process regarding both of the following:
- (i) Whether or not, and how much, to charge for field trip expenses.
 - (ii) Whether or not to require parents to provide diapers.
- (B) The maximum total of charges per child in a contract year does not exceed twenty-five dollars (\$25).
- (C) A child shall not be denied participation in a field trip due to the parent's inability or refusal to pay the charge. Adverse action shall not be taken against a parent for that inability or refusal.
- (3) Each contractor or provider shall establish a payment system that prevents the identification of children based on whether or not their parents have paid a field trip charge.

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(4) Expenses incurred and income received for field trips pursuant to this section shall be reported to the department. The income received for field trips shall be reported specifically as restricted income.

- (i) The Superintendent shall establish guidelines for the collection of employer-sponsored child care benefit payments from a parent whose child receives subsidized child care and development services. These guidelines shall provide for the collection of the full amount of the benefit payment, but not to exceed the actual cost of child care and development services provided, notwithstanding the applicable fee based on the fee schedule.
- (j) The Superintendent shall establish guidelines according to which the director or a duly authorized representative of the child care and development program will certify children as eligible for state reimbursement pursuant to this section.
- (k) Public funds shall not be paid directly or indirectly to an agency that does not pay at least the minimum wage to each of its employees.

SECTION 1.

- SEC. 2. Section 369 of the Welfare and Institutions Code is amended to read:
- 369. (a) If a person is taken into temporary custody under Article 7 (commencing with Section 305) and is in need of medical, surgical, dental, or other remedial care, the social worker may, upon the recommendation of the attending physician and surgeon or, if the person needs dental care and there is an attending dentist, the attending dentist, authorize the performance of the medical, surgical, dental, or other remedial care. The social worker shall notify the parent, guardian, or person standing in loco parentis of the person, if any, of the care found to be needed before that care is provided, and if the parent, guardian, or person standing in loco parentis objects, that care shall be given only upon order of the court in the exercise of its discretion.
- (b) If it appears to the juvenile court that a person concerning whom a petition has been filed with the court is in need of medical, surgical, dental, or other remedial care, and that there is no parent, guardian, or person standing in loco parentis capable of authorizing or willing to authorize the remedial care or treatment for that person, the court, upon the written recommendation of a licensed

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physician and surgeon or, if the person needs dental care, a licensed dentist, and after due notice to the parent, guardian, or person standing in loco parentis, if any, may make an order authorizing the performance of the necessary medical, surgical, dental, or other remedial care for that person.

- (c) If a dependent child of the juvenile court is placed by order of the court within the care and custody or under the supervision of a social worker of the county where the dependent child resides and it appears to the court that there is no parent, guardian, or person standing in loco parentis capable of authorizing or willing to authorize medical, surgical, dental, or other remedial care or treatment for the dependent child, the court may, after due notice to the parent, guardian, or person standing in loco parentis, if any, order that the social worker may authorize the medical, surgical, dental, or other remedial care for the dependent child, by licensed practitioners, as necessary.
- (d) If it appears that a child otherwise within subdivision (a), (b), or (c) requires immediate emergency medical, surgical, or other remedial care in an emergency situation, that care may be provided by a licensed physician and surgeon or, if the child needs dental care in an emergency situation, by a licensed dentist, without a court order and upon authorization of a social worker. The social worker shall make reasonable efforts to obtain the consent of, or to notify, the parent, guardian, or person standing in loco parentis prior to authorizing emergency medical, surgical, dental, or other remedial care. "Emergency situation," for the purposes of this subdivision means a child requires immediate treatment for the alleviation of severe pain or an immediate diagnosis and treatment of an unforeseeable medical, surgical, dental, or other remedial condition or contagious disease which if not immediately diagnosed and treated, would lead to serious disability or death.
- (e) If the court orders the performance of any medical, surgical, dental, or other remedial care pursuant to this section, the court may also make an order authorizing the release of information concerning that care to social workers, parole officers, or any other qualified individuals or agencies caring for or acting in the interest and welfare of the child under order, commitment, or approval of the court.
- (f) Nothing in this section shall be construed as limiting the right of a parent, guardian, or person standing in loco parentis,

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who has not been deprived of the custody or control of the child by order of the court, in providing any medical, surgical, dental, or other remedial treatment recognized or permitted under the laws of this state.

- (g) The parent of a person described in this section may authorize the performance of medical, surgical, dental, or other remedial care provided for in this section notwithstanding his or her age or marital status. In nonemergency situations, the parent authorizing the care shall notify the other parent prior to the administration of that care.
- (h) Nothing in this section shall be construed as limiting the rights of dependent children, pursuant to Chapter 3 (commencing with Section 6920) of Part 4 of Division 11 of the Family Code, to consent to, among other things, the diagnosis and treatment of sexual assault, medical care relating to the prevention or treatment of pregnancy, including contraception, abortion, and prenatal care, treatment of infectious, contagious, or communicable diseases, mental health treatment, and treatment for alcohol and drug abuse. If a dependent child is 10 12 years of age or older, his or her social worker shall ensure the child is informed of his or her right as a minor to consent to and receive those health services, as necessary, and necessary. Social workers shall ensure that all dependent children are provided with age-appropriate, medically accurate information about sexual development, reproductive health-eare, and—the prevention of unplanned pregnancies and sexually transmitted diseases on an ongoing basis.
- SEC. 3. Section 16001.9 of the Welfare and Institutions Code is amended to read:
- 16001.9. (a) It is the policy of the state that all children in foster care shall have the following rights:
- (1) To live in a safe, healthy, and comfortable home where he or she is treated with respect.
- (2) To be free from physical, sexual, emotional, or other abuse, or corporal punishment.
- (3) To receive adequate and healthy food, adequate clothing, and, for youth in group homes, an allowance.
- (4) To receive medical, dental, vision, and mental health services.
- 39 (5) To be free of the administration of medication or chemical substances, unless authorized by a physician.

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(6) To contact family members, unless prohibited by court order, and social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASAs), and probation officers.

- (7) To visit and contact brothers and sisters, unless prohibited by court order.
- (8) To contact the Community Care Licensing Division of the State Department of Social Services or the State Foster Care Ombudsperson regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.
- (9) To make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order.
- (10) To attend religious services and activities of his or her choice.
- (11) To maintain an emancipation bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan.
- (12) To not be locked in a room, building, or facility premises, unless placed in a community treatment facility.
- (13) To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with the child's age and developmental level, with minimal disruptions to school attendance and educational stability.
- (14) To work and develop job skills at an age-appropriate level, consistent with state law.
- (15) To have social contacts with people outside of the foster care system, such as *including* teachers, church members, mentors, and friends.
- (16) To attend Independent Living Program classes and activities if he or she meets age requirements.
 - (17) To attend court hearings and speak to the judge.
 - (18) To have storage space for private use.
- (19) To be involved in the development of his or her own case plan and plan for permanent placement.
- (20) To review his or her own case plan and plan for permanent placement, if he or she is 12 years of age or older and in a permanent placement, and to receive information about his or her out-of-home placement and case plan, including being told of changes to the plan.

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(21) To be free from unreasonable searches of personal belongings.

- (22) To the confidentiality of all juvenile court records consistent with existing law.
- (23) To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.
- (24) To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.
- (25) At 16 years of age or older, to have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs, and information regarding financial aid for postsecondary education.
- (26) To have access to age-appropriate, medically accurate information about sexual development, reproductive health, and prevention of unplanned pregnancies and sexually transmitted diseases, and, for children 12 years of age or older, to be informed of his or her right as a minor to receive this information and consent to those health services.
- (27) To consent to and access services including diagnosis and treatment of sexual assault, medical care relating to the prevention or treatment of pregnancy, including contraception, abortion, and prenatal care, treatment of infectious, contagious, or communicable diseases, mental health treatment, and treatment for alcohol and drug abuse pursuant to Chapter 3 (commencing with Section 6920) of Part 4 of Division 11 of the Family Code, and, for children 12 years of age or older, to be informed of his or her right as a minor to consent to and receive those health services.
- (b) Nothing in this section shall be interpreted to require a foster care provider to take any action that would impair the health and safety of children in out-of-home placement.
- (c) The State Department of Social Services and each county welfare department are encouraged to work with the Student Aid Commission, the University of California, the California State

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1 University, and the California Community Colleges to receive 2 information pursuant to paragraph (23) of subdivision (a).

SEC. 2.

SEC. 4. Section 16002.5 of the Welfare and Institutions Code is amended to read:

16002.5. It is the intent of the Legislature to maintain the continuity of the family unit and to support and preserve families headed by minor parents and nonminor dependent parents who are themselves under the jurisdiction of the juvenile court by ensuring that minor parents and their children are placed together in as family-like a setting as possible, unless it has been determined that placement together poses a risk to the child. It is also the intent of the Legislature to ensure that complete and accurate data on pregnant and parenting minor and nonminor dependents and their children is collected, and that the State Department of Social Services ensures that the *new* Child Welfare Services/Case Management System is effectively utilized to obtain this data includes a mandatory field to track the number of parenting minor and nonminor dependent parents and their children, and that prior to the implementation of a new statewide system, interim procedures are developed and implemented to track this information.

- (a) To the greatest extent possible, minor parents and nonminor dependent parents and their children living in foster care shall be provided with access to existing services for which they may be eligible, that are specifically targeted at supporting, maintaining, and developing both the parent-child bond and the minor parent's ability to provide a permanent and safe home for the child. Examples of these services may include, but are not limited to, child care, parenting classes, child development classes, and frequent visitation.
- (b) Child welfare agencies shall ensure that minor parents and nonminor dependent parents have access to social workers or resource specialists who have received training on the needs of teenage parents and available resources, including, but not limited to, maternal and child health programs, child care, and child development classes, and that classes. The case plans for pregnant minor and nonminor dependent parents are developed and dependents shall be updated through a team decisionmaking process that includes the teenage parent within 30 calendar days

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of the date the agency is informed of a pregnancy based on information collected from a specialized conference to be held by the agency. The specialized conference shall include the pregnant or parenting minor or nonminor dependent, family members, and other supportive adults, and the specially trained social worker or resource specialist. The specialized conference may include other individuals, including, but not limited to, a public health nurse, a community health worker, or other personnel with a comprehensive knowledge of available maternal and child resources, including public benefit programs. If the pregnant or parenting minor or nonminor dependent is unable or unwilling to participate in the specialized conference, he or she shall not be penalized and the agency shall identify needed resources and assist the pregnant or parenting minor or nonminor dependent in accessing those resources.

- (c) The minor parent shall be given the ability to attend school, complete homework, and participate in age and developmentally appropriate activities unrelated to and separate from parenting.
- (d) Child welfare agencies, local educational agencies, and child care resource and referral agencies shall make reasonable and coordinated efforts to ensure that minor parents and nonminor dependent parents who have not completed high school have access to school programs that provide onsite or coordinated child care, and that minor dependent parents are given priority for subsidized child care.
- (e) Foster care placements for minor parents and their children shall demonstrate a willingness and ability to provide support and assistance to dependent minor parents and their children.
- (f) Contact between the child, the custodial parent, and the noncustodial parent shall be facilitated if that contact is found to be in the best interest of the child.
- (g) For the purpose of this section, "child" refers to the child born to the minor parent.
- (h) For the purpose of this section, "minor parent" refers to a dependent child who is also a parent.
- (i) For the purpose of this section, "nonminor dependent parent" refers to a nonminor as described in subdivision (v) of Section 11400 who also is a parent.

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- 1 SEC. 3.
- 2 SEC. 5. If the Commission on State Mandates determines that
- 3 this act contains costs mandated by the state, reimbursement to
- 4 local agencies and school districts for those costs shall be made
- 5 pursuant to Part 7 (commencing with Section 17500) of Division
- 6 4 of Title 2 of the Government Code.